



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

2/20/2015

Melissa Frondle
3940 Sherman St. NE. APT #1
Cedar Rapids, Iowa 52402

Dear Melissa,

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 1/23/15 and a follow up on 2/17/15 and the attempted visit on 1/15/15. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone.

Need numbers posted by phone. Also need numbers for in vehicle now if you travel with children outside of your program.

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.

Need numbers posted by phone, you also now need numbers in your vehicle if you travel off grounds.

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

You had medications, poisonous, toxic or otherwise unsafe materials within access of children. You are storing medication in the upper kitchen cabinet and cleaning supplies in the kitchen under the sink along with cleaning supplies in the bathroom under the sink. These cabinets did not have child safety latches on them. These need to be in a location with secured access from children. Best practice is all medications and poisonous, toxic or otherwise unsafe materials be locked away from children. At a minimum it is required they have a working child safety latch on them that's being utilized.

☐ 110.5(1)e All accessible electrical outlets are safely capped. **Needed caps on outlets in the following locations: hallway, living room, play room, and dining room. All outlets should be checked for caps every day to ensure child safety.**

☒ 110.5(1)f Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters.

Fire marshal states there should be a 3 ft clearance from all gas pilot lights. You had items stored by those types of appliances. While I was in the home you were able to move the stuff of concern away from the pilots. This item has now been completed.

☐ 110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits. **Need at the primary and secondary exits. Provider has not put these up since she moved into this new home. Provider acknowledges she needs to make these with the required information in them listed below.**

☐ 110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas. **Need the required details.**

☐ 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept. **Provider states she does them monthly but had stopped documenting this. Provider stated she will start documenting again that she is doing the drills monthly.**

☐ 110.5(1)l A safety barrier surrounds any heating stove or heating element. **Need the safety barrier.**

☐ 110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor. **Provider does not know where this has gotten placed since she moved into this home in October of 2014. She will find it or obtain a new one.**

☐ 110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. **Need one in the following room: living room and dining room**

☐ 110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes. **Need to test and document the testing monthly.**

☐ 110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and www.iowasmokefreeair.gov. **Need on the front door and one for your vehicle if you are driving child care children. Suggest you contact CCRR and ask for their window clings.**

☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. **Needed annual pet records and need to be on the new form, 470-5153.**

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician's signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years. **Need and on the new form which I left for your use.**

110.5(2)b Certificates or training verification documentation for:

110.5(2)b Within the first three months of registration:

☐ 110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.) **Provider certificate had expired in 2014.**

I am including the web site to obtain the mandatory reporter training for free. This web site is sponsored by the Iowa Department of Public Health. If there are any problems with using it or obtaining a certificate you will need to call the number on the web site.

WHO: This training is designed for child care providers

WHAT: Mandatory Child Abuse Reporter Training for Child Care Providers

WHERE: On-Line, start at this link <http://dhs.training-source.org> You must register by entering your provider number

WHEN: Any time day or night, this is a self-study course. Your certificate will be made available for you to print upon successful completion of the course. I believe it takes 2 – 3 weeks to obtain the link to print the certificate after you successfully complete the course.

☐ 110.5(2)d An individual file is maintained for each substitute and contains: : **on 1-15-15 I attempted an unannounced compliance visit. At that time you had a substitute provider for the children. The person who answered the door stated she was your mother and she was caring for the children while you were at a medical appointment. She has not been approved as substitute provider. On 2/17/15 I completed a follow up visit to discuss the emergency exits. At that time you were absent and an unapproved substitute provider, (your boyfriend) was caring for one child. You can not leave the children with anyone until they have been approved as a substitute provider, and you have this in writing from DHS.**

☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396. **Once a substitute is approved by Des Moines you will get a letter to let you know they are approved – Finger print, Criminal and child abuse checks have been completed and the individual can be utilized by you as a substitute provider. That letter stands as your criminal history check. You can not allow someone to substitute in your program until you have that documentation back.**

☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643 **Once a substitute is approved by Des Moines you will get a letter to let you know they are approved – Finger print, Criminal and child abuse checks have been completed and the individual can be utilized by you as a substitute provider. That letter stands as your child abuse history check. You can not allow someone to substitute in your program until you have that documentation back.**

☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter. : **Need for all substitute providers.**

☐ 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years. : **Need**

☐ 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

For assistance in finding training call CCRR at 866-324-3236 x 1410

Most hospitals and fire departments also offer this training. You may call them directly to find a training session. In addition the American Heart Association and Red Cross also offer this training.

110.5(8) Children's Files

110.5(8) An individual file is maintained for each child and **updated annually or when there are changes.** Each file contains: **The children's files must be updated annually with the emergency medical authorization completed yearly. If the parent wants to review, edit and re-sign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, etc. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or re-sign the emergency medical and intake information.**

You are missing files completely on 2 school-age children: SP and KC. You need an annual update on 3 children: DC, KK, & CC.

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number. **You are missing files completely on 2 school-age children: SP and KC. You need an annual update on 3 children: DC, KK, & CC.**

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency **You are missing files completely on 2 school-age children: SP and KC. You need an annual update on 3 children: DC, KK, & CC.**

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment. **You are missing files completely on 2 school-age children: SP and KC. You need an annual update on 3 children: DC, KK, & CC.**

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance. **Need for: KK.**

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian. **Need for 2 children: SP & KP.**

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical. **Need for: all 3 children.**

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child. **You are missing files completely on 2 school-age children: SP and KC. You need an annual update on 3 children: DC, KK, & CC.**

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health. **Need for: SP & KP.**

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since. **Need for: SP & KP.**

☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child. **You need written permission every time you leave the premises. The underlined items must be addressed each time. I suggest you use a general permission request and include per the monthly calendar. Then have each parent sign off on your monthly calendar with your routine trips, before the activities are completed. Any special activities can be added to the calendar.**

☐ 110.5(9) The provider meets the following requirements:

☐ 110.5(9)a Gives careful supervision at all times. **On 1-15-15 and 2-17-15 unannounced home visits were conducted and you were not present. You had an unapproved substitute provider caring for the children both times. We discussed this during the compliance visit on 1/23/15 and you agreed to no longer leave the children with another person until they have been approved as a substitute provider. This was an issue in the past. We discussed it in 2011 when upon a compliance home visit attempt you had left the children with your boyfriend, who had not been approved as a substitute provider. That was addressed in the letter to you on the 2/16/11 home visit letter. I am enclosing a safety plan for you to complete and return concerning this issue.**

☐ 110.5(9)c Gives consistent, dependable care. **On 1-15-15 and on 2-17-15 unannounced home visits were conducted and you were not present. You had an unapproved substitute provider caring for the children.**

☐ 110.5(9)d Is present at all times, except if emergencies occur or an absence is planned. **On 1-15-15 and on 2-17-15 unannounced home visits were conducted and you were not present. You had an unapproved substitute provider caring for the children both times.**

☐ 110.5(9)d If absence is planned, care is provided by a DHS-approved substitute. **On 1-15-15 and 2-17-15 unannounced home visits were conducted and you were not present. You had an unapproved substitute provider caring for the children each time. You can not leave the children with a substitute provider until they have been approved –which means you have the letter from Des Moines stating they are an approved substitute provider**

☐ 110.5(10) Substitutes

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute. **Need for any time you use a substitute.**

☐ 110.9(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY “B”

☐ 110.9(3) Facility requirements

☐ 110.9(3)c Minimum of two direct exits to the outside from the main floor. **Your apartment has only one direct exit. You decided to change to a level A provider at this time due to the exit situation. Please complete the application marking it as a change within the week. In the future if you move or develop an approved exit you could apply to change back to a level B provider.**

☐ 110.9(3)c All exits terminate at grade level with permanent steps.

☐ 110.9(3)c The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window. **Providers window are not within rules as they are about 47 inches from the ground.**

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed. I will also complete random unannounced drop in visits based on the Child Development Home Safety Plan.

Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: 45 days of receipt.

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319-892-6826 if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook
Social Worker II

Irene Holzwarth
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 866-324-3236.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://dhs.iowa.gov/sites/default/files/CC_Professional_Development.pdf and you can sign up for training at <http://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).